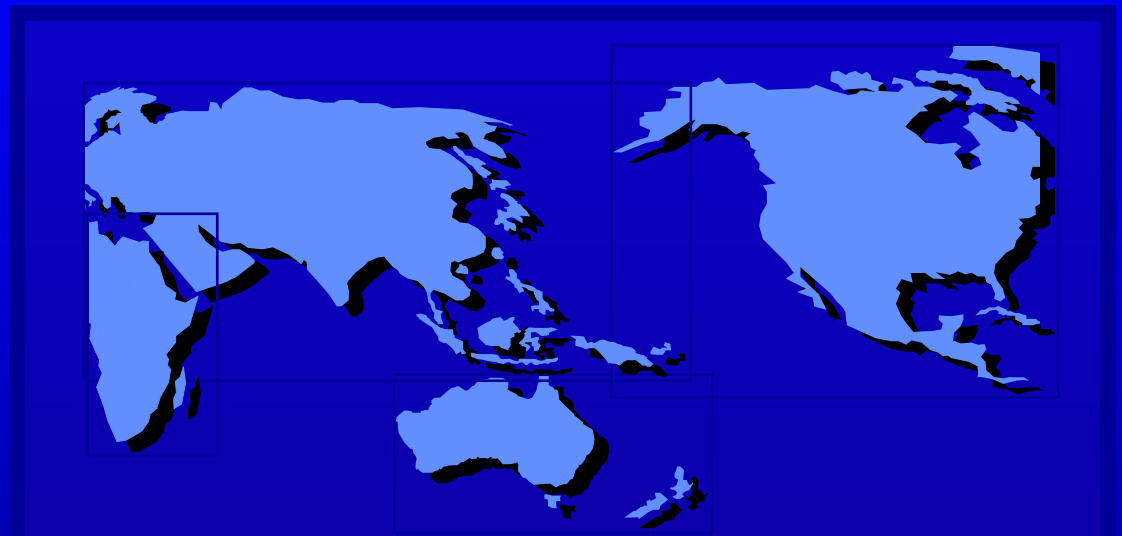


Planning
CATF Surgeon Course

LCDR M Vineyard, MSC, USN
Fleet Medical Planner
474-4150

Today's smile

A physician seeing a patient in the office found his dressing over a wound to be extremely loose, and asked the patient why this was. The patient explained, "Well, you told me not to get the bandage wet, so whenever I take a shower, I take it off."

OVERVIEW

- Levels of War
- CATF Medical Focus/Responsibilities
- Planning Process
- Questions

Levels of War

- NATIONAL OBJECTIVES
- NATIONAL POLICY
- NATIONAL RESOURCES

- THEATER OPERATIONS AND SUSTAINMENT
- CAMPAIGN PLANNING TO ATTACK CENTERS OF GRAVITY
- PLAN FUTURE OPERATIONS

- BATTLES
- MANEUVER
- TACTICS

Before the beginning of great brilliance,
there must be CHAOS.
Before a brilliant person begins something great,
they must look foolish to the crowd..

Overall CATF Medical Focus

- Monitor current operations
- Ensure force sustainment
- Plan for future operations
- KEY: ADOPT A JOINT MENTALITY

SPECIAL CONSIDERATIONS

- **COALITION RESPONSIBILITIES**
- **COALITION CAPABILITIES**
- **COALITION INTEROPERABILITY**

Overall CATF Medical Focus

- Advise
  - PM , Blood, & Evacuation policies
  - Civil Affairs assistance
- Facilitate
  - Joint coordination
  - Standardization
  - Regionalization
- Coordinate
  - HSS to/from other nations
  - Medical Logistics system(s) (Class VIIIA & B)

Overall CATF Medical Focus

- Supervise
  - Patient Movement
  - Blood Program
- Develop
  - Tactical Evacuation plan
  - Preventive Medicine Program
- Liaison
  - HHQ Surgeon
  - JTF/Theater Surgeon
  - National Healthcare Agencies
  - Other agencies as required (ASBPO, AFMIC, GPMRC)

Overall CATF Medical Focus

- Prepare
  - Annex Q
  - Bed Requirements
  - Patient movement requirements
- Monitor
  - Beds
  - Class VIII (A) and (B)
  - Staffing
- Inform
  - Status of HSS units
  - HSS for civilians, US Nationals and EPW’s

What is this “planning” stuff.....??

Planning Process

- A continuous process
- Requires revision to implement
- Resource limited situations require detailed planning
- Supported Commander is primary authority for priorities

HSS Planning Principles

- ***Conformity*** - Integration and compliance with the commander's plan
- ***Proximity*** - As close to the operation as possible
- ***Flexibility*** - Shift HSS resources to meet changing requirements
- ***Mobility*** - Anticipate requirements for rapid movement of HSS to support combat forces
- ***Continuity*** - Echelons of care
- ***Coordination*** - Efficient use of joint resources

Phases in Deliberate Planning

INITIATION

CONCEPT DEVELOPMENT

PLAN DEVELOPMENT

PLAN REVIEW

SUPPORTING PLANS

Initiation Phase

- Joint Strategic Capabilities Plan
  - Serves as a planning directive to Commanders
    - Contains strategic concepts
    - Assigns tasks
    - Provides guidance
    - Apportions combat forces
    - Apportions lift
    - Apportions T-AH's

Concept Development Phase

- Mission statement is deduced
- Subordinate tasks are derived
- Alternative courses of action are analyzed
- Concept of operations is developed
- The product -
  - A Concept of Operations Plan (CONPLAN)

Plan Development Phase

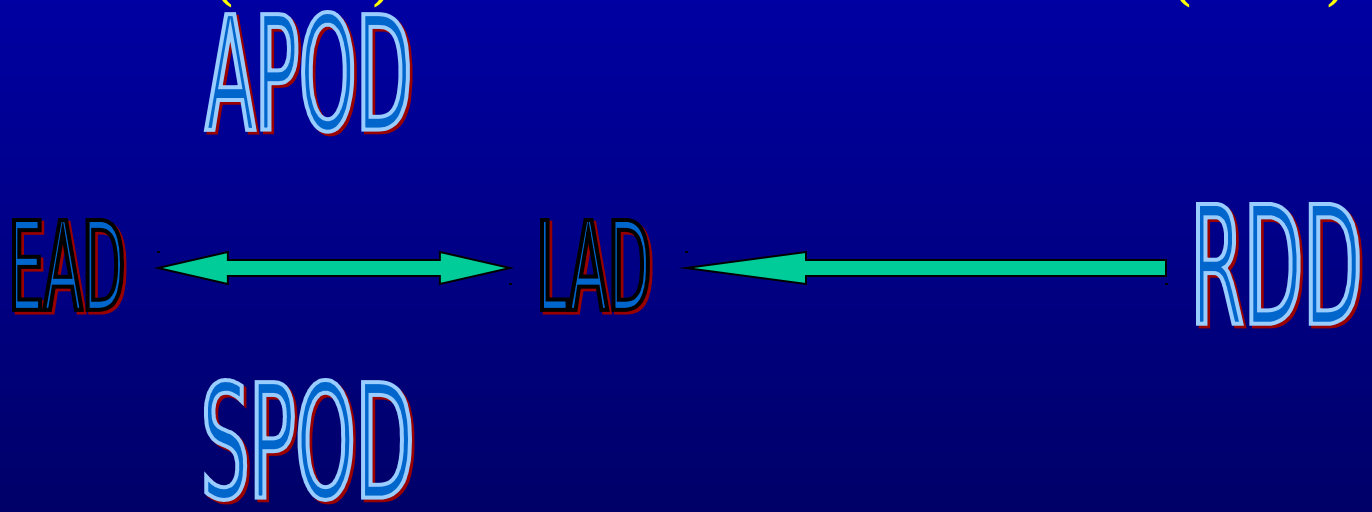
- Forces are selected and time-phased
- Support requirements are computed
- Sustainment/resupply is calculated
- Strategic deployment is simulated
- Shortfalls and identified and resolved
- Operations are documented
- The Product -
  - An Operations Plan (OPLAN)

Plan Development Phase

- ***Forces are selected and time-phased***
- Support requirements are computed
- Sustainment/resupply is calculated
- Strategic deployment is simulated
- Shortfalls and identified and resolved
- Operations are documented
- The Product -
  - An Operations Plan (OPLAN)

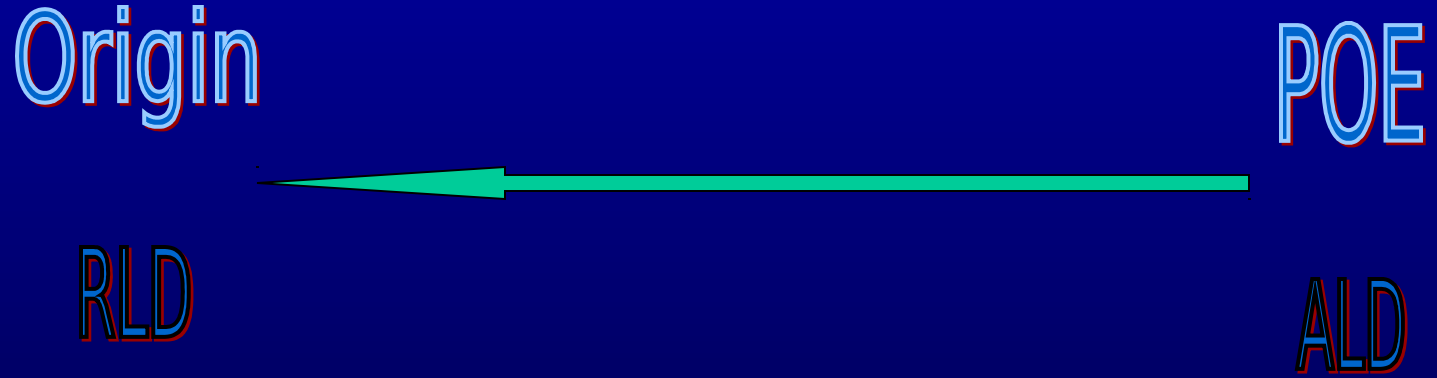
TPFDD

- Supported CINC determines a Required Due Date (RDD)
- Supported CINC sets Point of Debarkations (POD)
- Supported CINC determines Earliest Arrival Dates (EAD) and Latest Arrival Dates (LAD)



TPFDD

- Supporting CINC determines Point of Embarkation (POE)
- Supporting CINC determines Available to Leave Date (ALD) to meet the POE
- Supporting CINC determines departure from Origin by Ready to Leave Date (RLD)

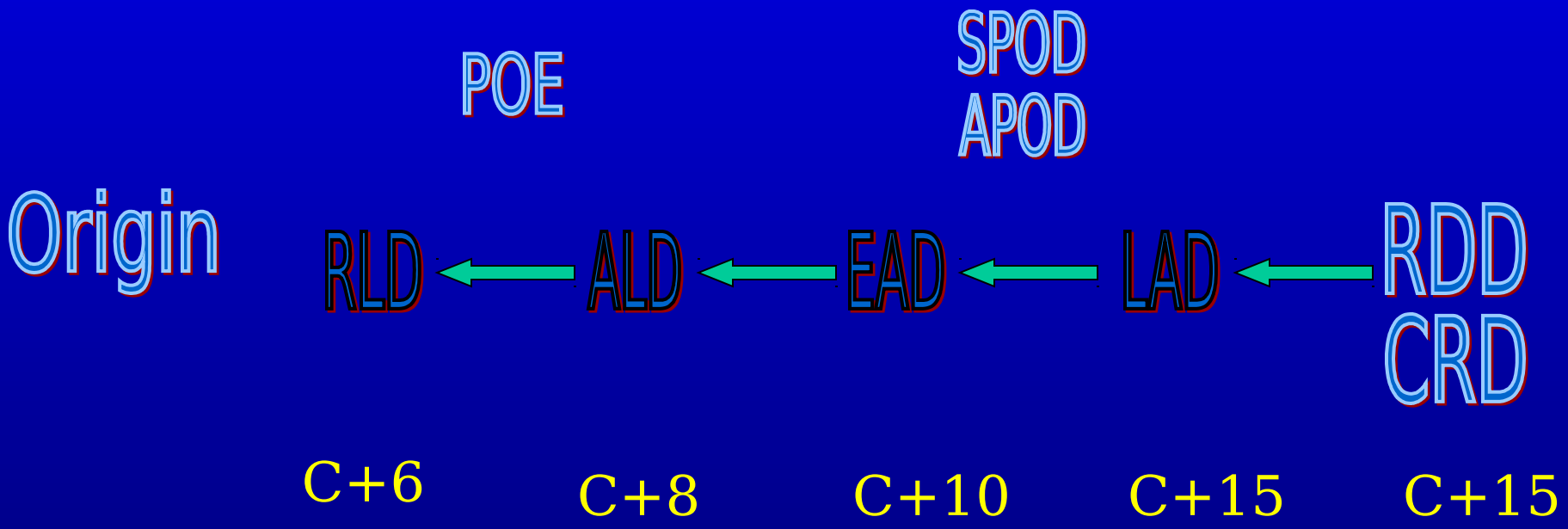


TPFDD

- In plain language
  - The CINC in the theater tell you when is the last possible day he/she wants troops in their theater (RDD) or (CDD)
  - Same CINC's staff figures out the Earliest and the Latest Arrival Dates (EAD/LAD) that they can get them (by Air or Sea) to their point of debarkation (APOD/SPOD)

- Once the theater CINC sets his requirements that everyone supporting him/her
  - Determines the day the have to get on the plane or ship to get in theater by the debarkation date - (APOE/SPOD)
  - And also, where they are coming from (Origin) to get them to where they will catch the plane or ship (APOE/SPOD)

TPFDD



RDD must be < or = CRD
LAD = RDD - Navy
EAD = LAD - 5 for AK
ALD = EAD - 2
RLD = ALD - (Distance from origin to POE divided by 350)

Plan Development Phase

- Forces are selected and time-phased
- ***Support requirements are computed***
- ***Sustainment/resupply is calculated***
- Strategic deployment is simulated
- Shortfalls and identified and resolved
- Operations are documented
- The Product -
  - An Operations Plan (OPLAN)

TPFDD

- Contains:
  - Forces
  - Logistics
    - Equipment
    - Supply and Resupply
      - Medical
      - Food (Normal and Patient)
      - Water and Fuel
  - Transportation

Plan Development Phase

- Forces are selected and time-phased
- Support requirements are computed
- Sustainment/resupply is calculated
- ***Strategic deployment is simulated***
- ***Shortfalls and identified and resolved***
- Operations are documented
- The Product -
  - An Operations Plan (OPLAN)

Joint Medical Support Planning

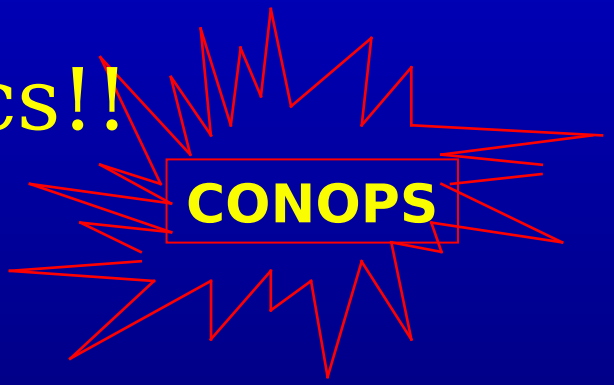
- What information is needed to start?
- Where does the Medical Planner get it?

Threat Assessment

- Multiple Intelligence Sources
- AFMIC
- N2

Calculating Medical Requirements

- How will the war be fought?
- Operators tell medics!!



Calculating Medical Requirements

CONOPS

WIA RATES

K/MIA RATES

- Our goal -
  - ***Determining the medical estimate!!***

DNBI RATES

The Medical Estimate

- Doctrinal rules vs workload calculations
- Automated tools help calculate
  - **PATIENT STREAM**
  - **EQUIPMENT**
  - **RESUPPLY**
  - **BLOOD REQUIREMENTS**
- Considering
  - **HOW MUCH**
  - **WHERE**
  - **WHAT KIND**
  - **WHEN**

Requirements Calculations

- Basically -
  - (PAR x ADM RATE) - RTD'S - Evacuees - DIH = Patients remaining (Occupying beds)
- Where -
  - PAR = POPULATION AT RISK
  - RTD = RETURNS TO DUTY
  - DIH = DIED IN HOSPITAL

Admission rates for DNBI

- Expressed in admissions/1000 PAR/day
- Calculated by medics
  - Historical data
- Influenced by
  - CLIMATE
  - ENDEMIC DISEASES
  - NATURE OF OPERATION
  - CONDITION OF FORCES
  - DURATION OF OPERATION
  - COMMAND DISCIPLINE
  - PREVENTIVE MEDICINE ACTIVITIES

Admission rates - WIA

- Expressed in admissions/1000/day
- Calculated by warfighters not medics
  - Historical data
  - Wargaming
- Influenced by:
  - Weapons used
  - Order of battle
  - Intensity of battle
  - Duration of engagement
  - Strategy/tactics

Evacuees

- Evacuation policy -
  - The period of non-effective time (days) that patients may be held for inpatient care
  - Percent evacuees by admission type decrease with increased evacuation policy. Yields:
    - Higher bed requirements
    - More returns to duty
    - Less transportation requirements
- Evacuation delay -
  - The period between decision to evacuate and movement (stabilization, admin time and transportation)

DIH and RTD

- Died in hospital
  - Percentage of each type of admission
- Returns to duty
  - Average length of stay varies with:
    - Evac policy relationships
    - Types of admissions

Requirements Calculation

- Across time…..
  - Today's remaining patients + previous days remaining patients x dispersion = bed requirements
- Where……
  - Dispersion = allowance for less than perfect access to all unoccupied beds

Medical Analysis Tool (MAT)

Requirement Generation
(MAT-RG replaces MPM)

Use planning factors to estimate:

- **Medical Support requirements**
  - **beds**
  - **materiel**
  - **evacuation**
- **Requirements defined**
  - **quantitatively**
  - **temporally**
  - **qualitatively**
  - **geographically**

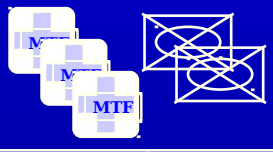
Course of Action
(MAT-COAA replaces LPXMED)

- **Use simulation to observe:**

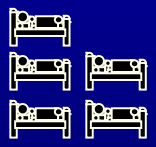
- **Performance of available or potential Medical Support networks - under varying conditions**
- **Impact of organization, location, distance, and availability of resources over time**
- **Impact of change and uncertainty**
- **Compare alternative courses of**

MAT Overview

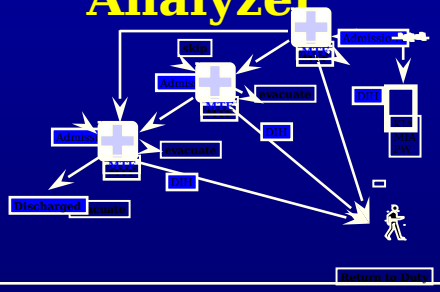
Scenario Builder



Bed Requirement Generator



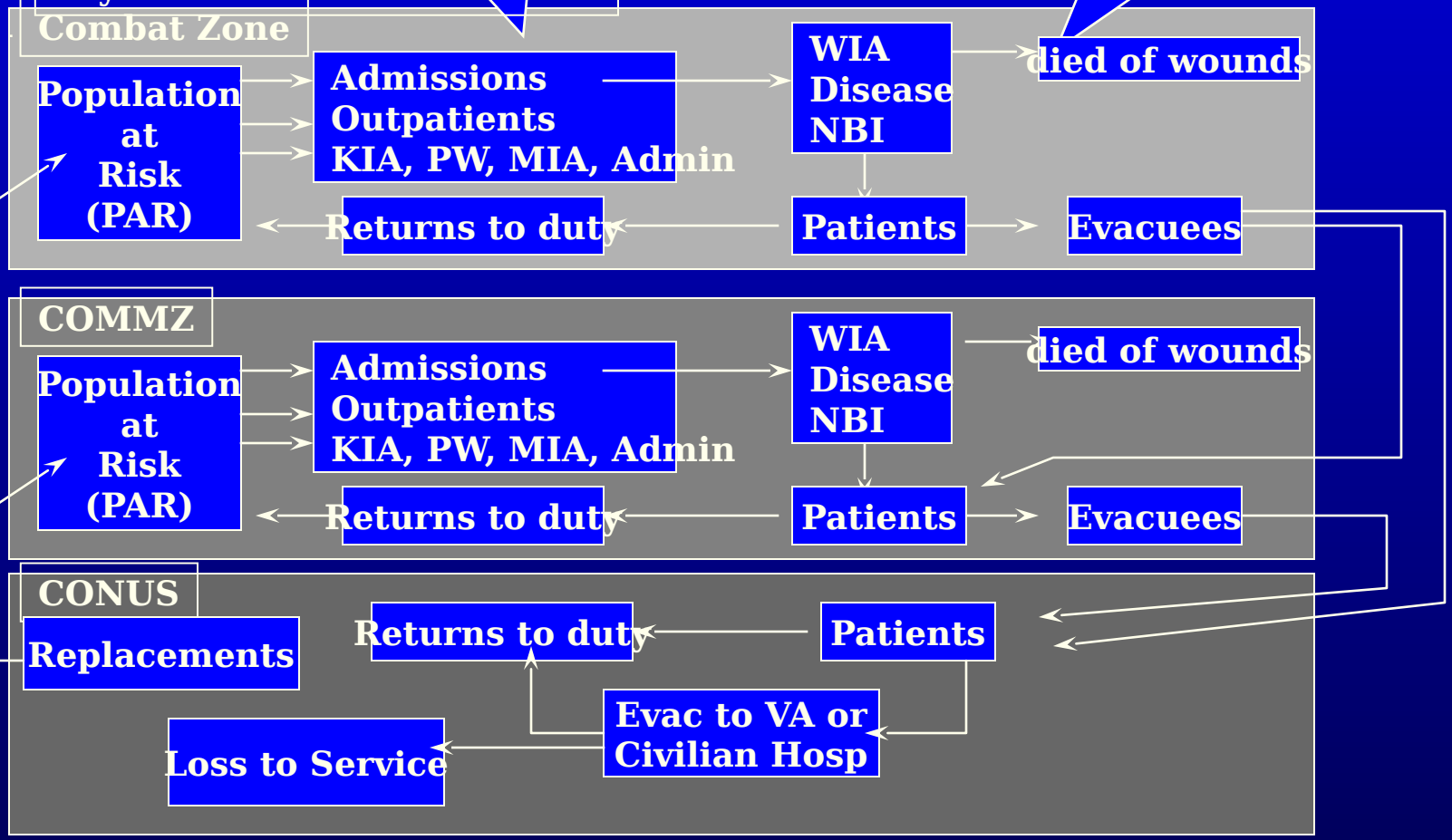
Course of Action Analyzer



Analysis Process Overview - Requirements

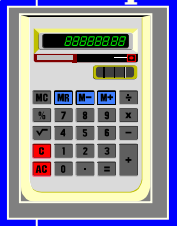
Step 1:
From force size, loss rates and operational intensities, calculate number of treatable casualties per OPZONE and sector per 10 day time slice

Step 2:
Calculate patient flow based on rates for wia, nbi, disease, % evacs to 4E, 5E.



Analysis Process Overview
Casualty rates to Bed requirements

Step 3:



For each day and each category (wia, nbi, disease) evac rate determines how many admissions will be evac'd to next Opzone or RTD.

Evacuees from lower echelon of care, if any.

Current Op Zone

Population at Risk (PAR)

Admissions
Outpatients
KIA, PW, MIA, Admin

WIA
Disease
NBI

died in hospital

Returns to duty

Patients*

Evacuees

To Next Op Zone

RTD

 # patients x (1 - evac rate) = # RTD

RTD patients stay for Avg Length of Stay (ALOS) days

each RTD needs a bed for each day of ALOS

 # patients x (evac rate) = # evac'ed
evac patients stay for "Evac Delay" days before being evac'd to next Opzone**

each "evac" needs a bed for each day of "Evac delay"

* "Patients" = (1 - mortality rate)Admissions
** "Evac delay" = Stabilization+Awaiting Conveyance + Administrative

Casualty Clusters

DEPMEDS PC

1
2
3
4
.
.
.
.
.
.
.
.
.
350

Patient Conditions from the DEPMEDS clinical database have been grouped into 38 casualty clusters whose frequency of occurrence is based on three basic scenarios, NATO, East and West

Casualty Clusters

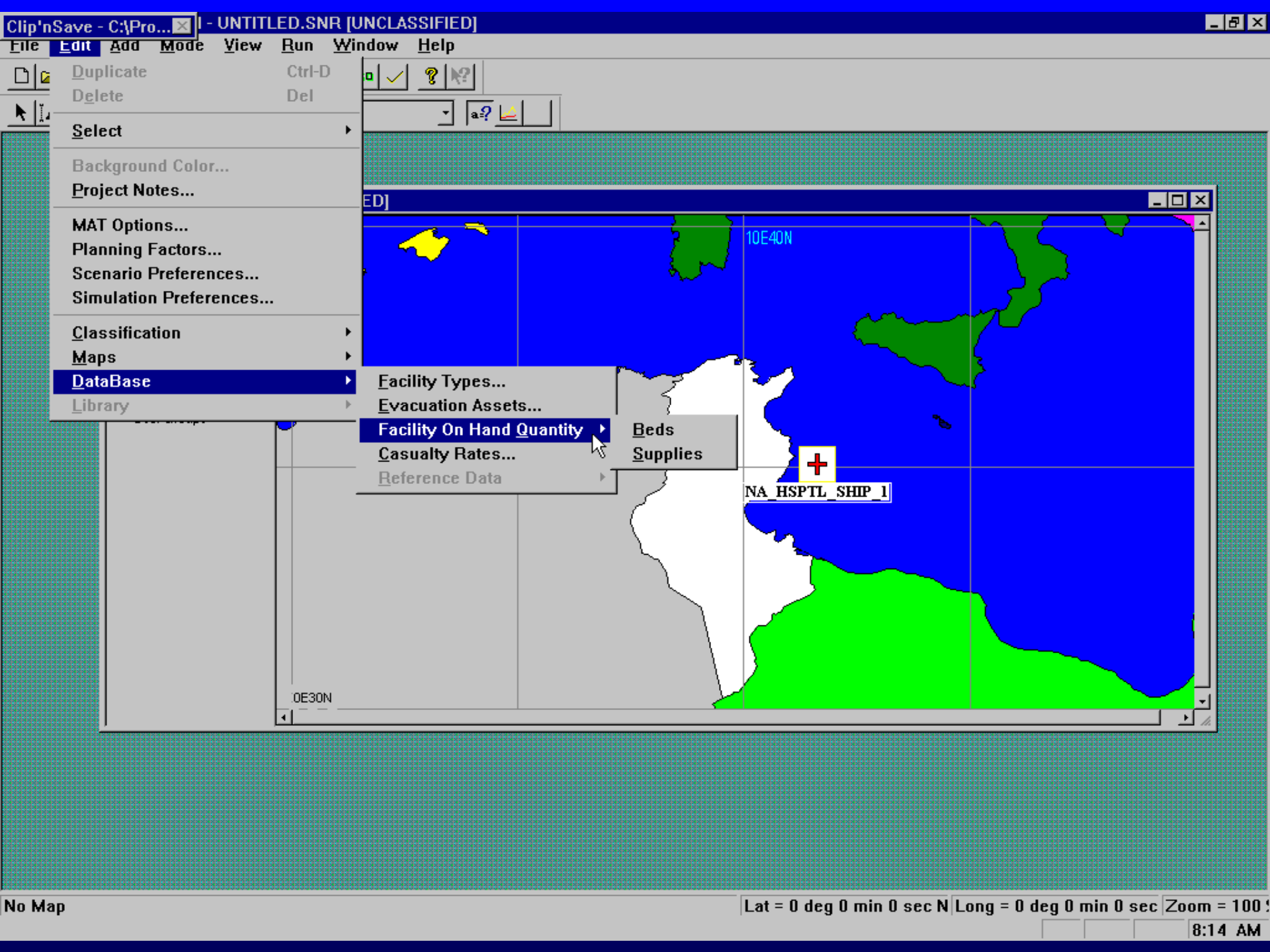
Multi-Injury WIA
Head WIA
Spine WIA
Up Ext WIA
Thorax WIA
Abdomen WIA
Low Ext WIA
Burns WIA
Sprains WIA
Superficial WIA
DEW Eye WIA
Chemical *
Radiological *
Misc WIA
Cbt Stress
Surgical

Surgical
Dermatological
Eye/Ear
Respiratory
Gastro
Cardio
STD
Genito/urinary
Female Specific
Infectious
Neuropsych
Misc Disease

Head NBI
Spine NBI
Up Ext NBI
Thorax NBI
Abdomen NBI
Low Ext NBI
Burns NBI
Sprains NBI
Superficial NBI
Environmental
Misc NBI

Medical Analysis Tool (MAT)

- MAT requires:
  - Accurate stratification of a population at risk (what forces are at risk at what time)
  - Updated Service specific casualty rates:
    - -Disease (Medics)
    - -Non-battle injuries (Medics) (Personnel)
    - -Wounded in action (Personnel)
    - -Battle fatigue (Medics) (Personnel)
    - -Unconventional warfare (NBC)
    - -Killed in action (Personnel)
    - -Admin losses
    - -MIA (Personnel)
    - -Captured
  - Proper time phasing of the casualty rates (Operator)


Clip'nSave - C:\Pro...
- UNTITLED.SNR [UNCLASSIFIED]
File
Edit
Add
Mode
View
Run
Window
Help
Duplicate Ctrl-D
Delete Del
Select
Background Color...
Project Notes...
MAT Options...
Planning Factors...
Scenario Preferences...
Simulation Preferences...
Classification
Maps
DataBase
Library
Facility Types...
Evacuation Assets...
Facility On Hand Quantity
Casualty Rates...
Reference Data
Beds
Supplies
10E40N
NA_HSPTL_SHIP_1
0E30N
No Map
Lat = 0 deg 0 min 0 sec N
Long = 0 deg 0 min 0 sec
Zoom = 100
8:14 AM

Planning Factors

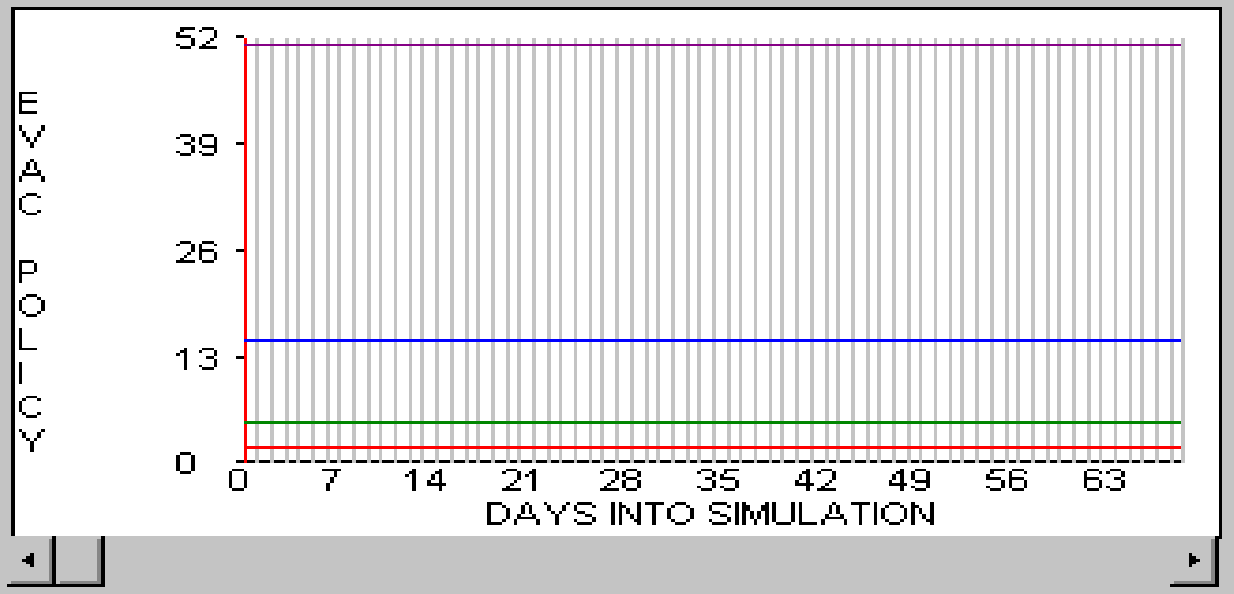
User Factors | Dispersion | Advanced | Mortality/Loss Rate | Notes

Evacuation Policy | Evac. Delay | ALOS | Percent Evacuated | Transit Time

Echelon

2E	3E	4E	5E
2	5	15	51

Time: 0



Duplicate Parameters

OK | Help

Medical Analysis Tool (MAT)

- Placing the correct forces
- At an appropriate risk
- For an acceptable duration

Medical CONOPS to follow the operators CONOPS

Plan Development Phase

- Forces are selected and time-phased
- Support requirements are computed
- Sustainment/resupply is calculated
- Strategic deployment is simulated
- Shortfalls and identified and resolved
- ***Operations are documented***
- The Product -
  - An Operations Plan (OPLAN)

Writing the Annex Q

OPLAN Structure

- **USCINCPAC**

Supporting CINC - Capabilities Based Deployment Plan - TPFDD

- **CINCPACFLT**

Support for Naval Forces - USCP Naval Component Supporting Plan

- **CCNCC - C7F, C5F or C3F**

Maritime Concept and Operational Guidance

Mission

CINCPACFLT/LANTFLT provides for the support of Naval Forces in the combined defense of the Country X against a major armed attack by Country Y forces.

USN MEDICAL FORCES AVAILABLE

2 T-AH
10 Fleet Hospitals
3 OCONUS Hospitals
8 Large decks Amphibs Aug
1 FDL

Annex Q Medical Services

- Key Assumptions
  - Movement will follow the TPFDD
  - Deploying troops will be healthy
  - US forces will be available to provide HSS
  - LOC will remain open

Annex Q Medical Services

- Key Limitations
  - Movement of casualties will be difficult
  - CRT's may be overwhelmed
  - Limited airlift in early phases may cause delays in activation of MTF's
  - Shortages of prepared/available FH sites may result in delays or non-conventional FH configurations
  - Class VIII sustainment through PV still in early stages

Overall Considerations for Patient Movement

- Forward Areas
  - Multiple conveyances
  - Service Responsibility
- Tactical Air
  - Navy/MC/Army
- Strategic Air
  - Air Force

Annex Q Patient Movement

- Aeromedical evacuation preferred mode
- Patients will be moved using all available means
- AE to CONUS originates in many locations - Yokota, Misawa, Anderson, Elemendorf, Hickam and Kadena - maximum extent possible, CRAF will be used

Annex Q Patient Movement

- Key Issues
  - Tactical evacuation will be limited
  - Provision of lift to afloat units is doctrinally the Army's responsibility as MC lift is lift of opportunity vice dedicated
  - Many areas can become choke points for patients departing the theater

CATF Patient Movement Considerations

- Route planning
- Movement control
- Location of evacuation facilities
- Patient Movement items

CATF Patient Movement Considerations

- Maintain direct liaison with :
  - Medical Regulators
  - Component Medical Regulators thru Surgeon's offices
  - Unified Command's Surgeon's Office
    - TPMRC
    - GPMRC
- Facilitate patient movement within your operating area
- Coordinate and monitor patient movement out of the operating area through Component Surgeon's office
- Disseminate and implement evacuation policies

Overall Considerations for Blood Support Planning

- Joint use of assets
- Armed Services Blood Program office
- Joint Blood Program Office
- Planning considerations
  - **AMOUNT**
  - **KIND**
  - **PLACE**
  - **TIME**

Annex Q Blood Program

- USCP JBPO when established forward is responsible for overall management
- JBPO will direct distribution to and from AJBPO’s
- Theater rqmnts are forwarded to ASBPO who direct shipments from CONUS to theater BTC
- BTC’s release to BSU or directly to MTF’s

Annex Q Blood Program

- Key Issues
  - Initial testing has shown up to 20% failure rates during production of blood from frozen units
  - Navy amphibious ships blood is calculated based on the shipboard population and their estimated casualties
  - While not designed as BSU's for Marine forces afloat, may get asked to provide until their blood system is in place

CATF Blood Support Considerations

- Maintain direct liaison with :
  - JTF Surgeon's Office
  - Component Blood Program Offices/Blood Supply Units
- Develop and disseminate blood management policies
- Manage blood distribution system within the ATF

Overall Considerations for Hospitalization Planning

- Available in theater medical treatment facility capabilities
- Theater evacuation policies

Annex Q Hospitalization

- Key Issues
  - Shortage of beds
    - Due to lack of prepositioned assets
  - Amphibious forces may be overwhelmed
  - Availability of OCONUS beds is contingent upon early arrival of M+1 augments
    - For expansion
  - OCONUS beds will require significant Class VIII sustainment

CATF Hospitalization Considerations

- Considerations:
  - Anticipated length of the operation
  - True afloat medical capabilities
    - NO overflow
  - Hospital units available/capabilities
  - Transport availability
  - HN capabilities

Overall Considerations for Logistic Planning

- Location of theater medical logistics facilities
- Theater supply, resupply and sustainment policies

Annex Q Medical Logistics

- Naval shore units deploy with 15 - 30 DOS
- Marine units typically carry 15 DOS
- CPF DEPMEDS 30 DOS push packages
- SIMLM on line for common item by C+60
- CIN’s in TPFDD to act as placeholders for requisition process

Annex Q Medical Logistics

- Key Issues
  - No longer requires provision of supplies to 100% rqmnt
  - PV through DLA/DSCP not validated
  - SIMLM procedures outside of regularly established areas

CATF Medical Logistic Considerations

- Identification of requirements
- Methodology for requesting supplies (milstrip/voice, etc)
- Estimate sufficiency of ATF logistics operations
- Transportation requirements
- C2 procedures after identification of shortfalls
- Provision of planning information for components
  - Accompanying supplies
  - Safety levels
  - Timing/modes of movement
- Availability of SIMLM in JOA

Overall Considerations for FHP Planning

- Ability of theater Health service support systems to prevent infectious disease transmission
- Resources available early in deployment

Annex Q Force Health Protection

- Pre and Post Deployment Health Assessments
- Weekly DNBI reporting - minimum
- Tri-Service reportable medical events list will be utilized by all
- PPE issued to all
- Current immunizations

Annex Q Force Health Protection

- Key Issues
  - Heat and Cold injuries - extreme temps
  - Vector and Communicable disease control
  - Unit stocks of medical chemical defense materiel and PPE
  - Immunizations vs “known to be weaponized” biological agents
  - Multiple theater threats

CATF FHP/PrevMed Considerations

- Medical Threat
  - Disease and Non-disease
- Environmental
  - Heat/Cold injuries
- Food and Water inspection
- Overall Disease vectors and their control
- Medical surveillance and reporting
- Theater specific immunization rqmnts

Overall Considerations for C4I Planning

- Lines of authority and command relationships for all resources
- Medical communications networks and how they integrate with theater communications

Annex Q Medical C4I

- Key Issues
  - Theater C2 connectivity - jointly

CATF C4I Considerations

- Early identification of HSS requirements is key
- Interoperability of C4 equipment
- Use of established systems
- Availability of designated medreg nets
- Records and reports

Other Considerations - VET/DEN Services

- Veterinary:
  - Inpsection & laboratory exam of subsistence
  - Vet Care
  - Zoonotic Diseases
- Dental:
  - Size & duration of the operation
  - Recommend policies

Other Considerations - HSS for Special Forces

- Organic SOF assets are extremely austere
- Extended distances/isolated locations
- Limited evacuation
- OPSEC requires restricted access to planning
- Politically sensitive missions
- Modified evacuation policy should be considered
- Communications interoperability

Other Considerations HSS For EPW

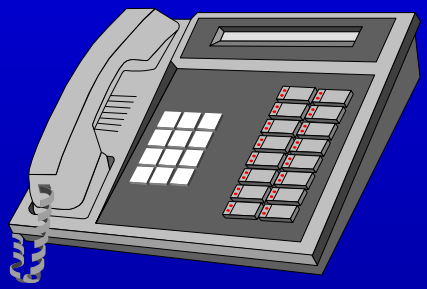
- EPW patients are afforded the same level of HSS as U.S. and Allied forces
- In consonance with:
  - The Law of Armed Conflict
  - Hague Conventions of 1907
  - Geneva Conventions of 1949

Other Considerations - Medical Reports

- MTFs will comply with Surgeon's requirements - Area/Operation dependent
- Daily Reports IAW CINC/JTF/CATF Surgeon's SOP and OPLAN/OPORD HSS ANNEX

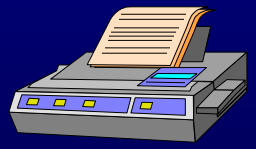
Other Considerations

- Basics:
  - STU III capability
  - Fax capability
  - Computers
  - Desks, chairs, workspace(s)
  - Office supplies
  - Service Publications
  - Electricity Compatibility
- Identify shortfalls to the appropriate staff office



EQUIPMENT & FACILITIES

Doctrinal Publications



Other Considerations

- Establish the CATF Surgeon's place on the CATF staff in working groups, boards, and centers.
- Organize to address all medical requirements
- Plug into internal information management and planning systems
- Establish reporting requirements
- STAY IN THE LOOP

Plan Development Phase

- Forces are selected and time-phased
- Support requirements are computed
- Sustainment/resupply is calculated
- Strategic deployment is simulated
- Shortfalls and identified and resolved
- Operations are documented
- ***The Product -***
  - ***An Operations Plan (OPLAN)***

Plan Review Phase

- OPLAN is reviewed and then approved by JCS
- CINC revises OPLAN IAW review comments
- The Product:
  - An approved OPLAN

Supporting Plans Phase

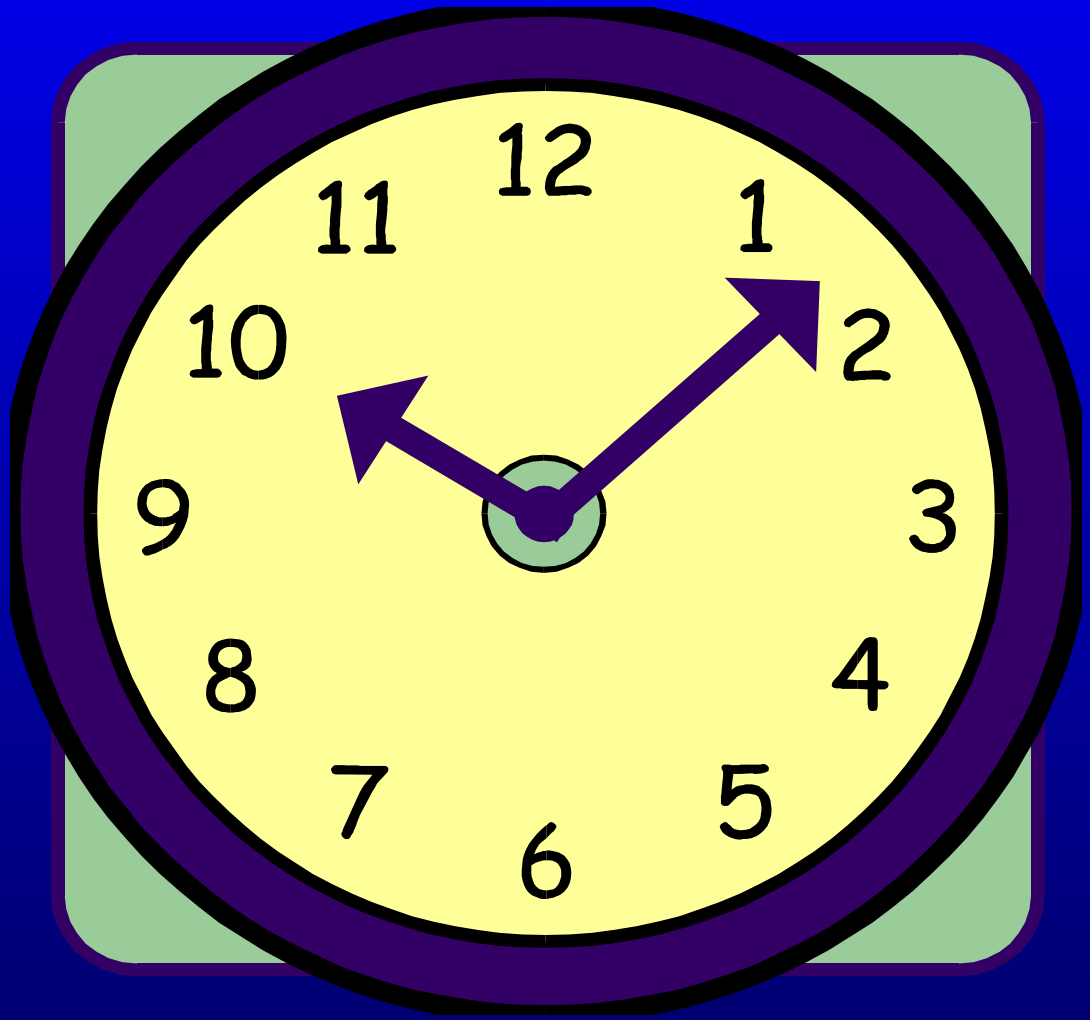
- Supporting plans are completed, documented and validated
- The Product:
  - Supporting plans
    - Component (A/N/AF/MC)
    - Functional component (JFLCC/JFMCC/JFACC)

CONPLAN

- Prepared when:
  - Contingency is not sufficiently critical to require detailed prior planning
  - Probability of occurrence in the JSCP time frame is low
  - Planning flexibility is desired

Today's smile

As a gesture of goodwill, the dietary department often sends inspirational messages on the patients' meal trays. For example, "Have a Nice Day!" or "Smile!" Well, the message, "Go Crazy!" was unintentionally placed on a psychiatric patient's dinner tray. Needless to say, the patient and physician were not amused.


12
1
2
3
4
5
6
7
8
9
10
11